Philips Medical Systems

FIELD CHANGE ORDER — Service

Issued by	: PMS DMC Hamburg		**Reference No.**	: FCO70400013
Released by	: M. Bierstedt	**signed**	**Date**	: October 2006
Publication No.	: 4512 980 63171		**Product Group**	: 704

BuckyDiagnost systems

APPLIES TO:

All systems delivered in combination with BUF2 non-sensing and Optimus RAD / RF generators.
For information see attached list.

TITLE:

WA 102 adapter modification

LIST OF PAGES & DRAWINGS:

	1…2	(0.6)
ANR	3	(0.6)

INTRODUCTION:

Symptom	:	Intermittent error no exposure release.
Cause	:	Exposure interlock caused by the activation of the double exposure prevention device in the Bucky unit 2 non-sensing initiated by a short interfering signal of the generator during preparation. The reason is that a pulse on transistor V9 on PCB WA102 triggers the grid release line at the wrong moment.
Remedy	:	Soldering on of a pull-up resistor at V9.

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MANPOWER / TIME TO COMPLETE:

1 service engineer, 0.5 hour

TOOLS & TEST EQUIPMENT:

TC129 standard tool kit

MODIFICATION KIT / PARTS REQUIRED:

4512-105-05921

Kit contents

12NC	Description
4512 980 63171	This FCO
2322-156-11003	Metal film resistor 0.6/70 10k0/1
4512-101-84971	Isolation hose, 24mm and 26mm
4512-988-02331	Instruction manual

Ordering information: The SSDs are notified of the quantity by Service Logistics International, Hamburg. Kits are delivered free of charge until October, 2009.

PROCEDURE:

- Adding of a pull-up resistor to transistor V9 on WA102.
  For details refer to the instruction manual.

PARTS DISPOSAL:

All parts are to be disposed of in a safe way in accordance with local safety regulations.

DOCUMENTATION:

- Log this action in the section "History Record" of the System Reference Manual.
- File this FCO in the section "Service Information" of the System Reference Manual.
- Fill out the attached Action Notification Report and send it to your SSD Customer Services Manager.

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FCO ACTION NOTIFICATION REPORT

For local SSD use only; do not return to PMG.

TITLE : ***WA 102 adapter modification***	
CLASSIFICATION : ***Action for Performance Retrofit on failure***	FCO REF. NO.: ***FCO70400013***
APPLIES TO : ***All systems delivered in combination with BUF2 non-sensing and Optimus RAD / RF generators.***	

HOSPITAL / ADDRESS :	
LOCATION / FW SITE NO.:	SALES ORDER NO. / OA NO.:

PRODUCT NUMBER : | | | | | | | | | | | | |

UNIT SERIAL NUMBER : | |

ACTION ON THIS UNIT WAS: (select one) JOB NO. / SERVICE INCIDENT NO.:

☐ Completed per instruction on _____ DATE | |

☐ Completed by the factory prior to delivery.

☐ Not completed as this unit is not affected per instruction because: (state reason)

_____

☐ Not completed because customer has unit in storage.

Required parts & instructions received by the customer.

CUSTOMER ACKNOWLEDGEMENT (Required for **MANDATORY ACTIONS** only).
The **REASON and PURPOSE** of this modification have been explained to me.

_____ CUSTOMER NAME (PLEASE PRINT) _____ TITLE

_____ CUSTOMER SIGNATURE _____ DATE

BRANCH
REGION /
DEALER : _____

SERVICE UNIT /
SERVICE AREA NO.: _____

_____ SIGNATURE CUSTOMER SERVICES ENGINEER _____ DATE

_____ SIGNATURE CUSTOMER SERVICES MANAGER

MAIL TO : SSD Customer Services Manager

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